Revised 06/05

SCHOSURE BOARD IOWA ETHICS A

Reset Form

lowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

FORM-GBG

Glft, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

| For office use only indexed | |
|-----------------------------|--|
| Audited | |
| Checked | |
| Computer | |
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C

| DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, C | OR GRANT: |
|---|---|
| | |
| Clarinda MHI Name of Department or Office | |
| Box 336 | annda, IA 51632 |
| Mailing Address Cit | ly, State, Zip Code |
| Area Code & Telephone No. | |
| CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFIC | E: |
| Sue Rehwaldt Hays | |
| Name | |
| Mailing Address (if different from above) | City, State, Zip (if different from above) |
| Sue, Richa ald thay agrow a gov | 712-542-2161 Ext. 3317 |
| Email Address | Area Code & Telephone Number (If different from above) |
| CONOR OF CIET BEOLIEST OF CRANT | |
| DONOR OF GIFT, BEQUEST, OR GRANT: | |
| Family of L. Englebert | |
| Name | |
| | \$ 300.00 |
| Mailing Address City, State, Zip Code | |
| | Date of Gift, Bequest, or Grant Amount/Value* |
| Area Code & Telephone Number | *value is defined as "fair market value" of item as determined by |
| Control Address (as Control | receiving department or office. If no value mark "0 00". |
| Email Address (optional) | |
| Provide a description of the gift, bequest, or grant and purpose thereof; | |
| | |
| Personal belongings - clothing, guitar, etc. | |
| | |
| Criteria to use this form. | |
| Receipt of any glft, bequest, or grant that is received by any department of | of the state or received by the Governor on behalf of the state |
| | |
| | |
| tatement of Affirmation: | |
| Suc Rehwaldt Hays | |
| anirm that the gift, bequest, or grant reported | d above is accurate. I further affirm that the information concerning the |
| onor and assessment of the fair market value (if applicable) is correct and t | the to the best of my knowledge, |
| | |

S

| 9/27/07 | | |
|---------|------|------|
| | Date | |

Revised 06/05

IOWA ETHICS AND CAMPAIGNIDASSALDS CHESTER BD. 510 EAST 12TH, SUITE 1A

DES MOINES 2007 SEP 28 PM 3: 33 Resel Form

www.lowa.gov/ethics

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FORM-GBG

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

| For office use of | <u>inly</u> |
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| Audited | |
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| DEPARTMENT | OR OFFICE RECEIVING | THE GIFT, BEGGE | 31, 011 011 |
|------------|---------------------|-----------------|-------------|
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| ovide a copy of this report to the Government Oversight Commed within 20 days of receipt of the gift, bequest, or grant. | dittee. This form is required to be Computer |
|--|--|
| EPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST | r, or grant: |
| Clarinda MHI | |
| Name of Department or Office | Clarinda, 1A 51632 |
| Box 338 Mailing Address | City, State, Zlp Code |
| 712/5/2/161 | |
| Area Code & Telephone No. ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OF | FICE: |
| ONTACT PERSON FOR RECIPIENT DET ARTIMET | |
| Sue Rehwaldt Hays | |
| Name | City, State, Zip (if different from above) |
| Mailing Address (if different from above) | 712-542-2161 Ext. 3317 |
| Suc.RehwaldtHays@nowa.gov Email Address | Area Code & Telephone Number (if different from above) |
| Email Address | |
| OONOR OF GIFT, BEQUEST, OR GRANT: | |
| Deb Tornholm | |
| Name | |
| Clarinda, IA 51632 | - 8/07 \$ 20.00 |
| Mailing Address City, State, Zip Code | 0,0, |
| | Date of Gift, Bequest, or Grant Amount/Value* |
| Area Code & Telephone Number | "value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00". |
| Emall Address (optional) | |
| A A A A A | |
| Provide a description of the glft, bequest, or grant and purpose there | |
| Forgotten patient fund | |
| | |
| Criteria to use this form, | |
| Receipt of any gift, bequest, or grant that is received by any departm | nent of the state or received by the Governor on behalf of the state. |
| Receipt of any girt, bequest, or grant that is received by any departit | |
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| | |
| Statement of Affirmation: | |
| Suc Richwaldt Hays affirm that the gift, bequest, or grant rep | ported above is accurate. I further affirm that the Information concerning the |
| conor and assessment of the fair market value (if applicable) is correct | and not to the book of my minimers. |
| | |
| | 9/27/07 |
| | |

| 9/27/07 | | |
|-------------|------|--|
| | Date | |

Signature